

# Section 3: The Loss Reporting Process

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## Quick Tips

### **When an accident or incident covered under the Risk Management Fund occurs**

#### **Non Vehicle Accidents or Incidents:**

- ☐ Report **serious** injury or damage accidents immediately by phone to Risk Management and follow-up by filing Incident Report Form SFN 50508 on-line
- ☐ Report all other incidents or accidents within 24 to 48 hours to:
  - Agency Risk Management Contact
  - State Risk Manager
- ☐ File Incident Report Form SFN 50508 on-line *Note – it is imperative that only the SFN 50508 form be used to document incidents to ensure that documentation of information which may prejudice a claim is exempt from open records law pursuant to N.D.C.C. § 32-12.2-11.*

#### **Vehicle Accidents:**

- ☐ Report **serious** injury or damage accidents to state radio and Risk Management and follow-up by filing Motor Vehicle Accident Report Form SFN 51301 on-line
- ☐ Report all other vehicle accidents within 48 hours to:
  - Highway Patrol or local law enforcement
  - State Fleet Services
- ☐ File Motor Vehicle Accident Report Form SFN 51301 on-line

### **If potential claimant indicates a claim will result from the incident or if Risk Management directs an investigation of the incident**

- ☐ Communicate with Risk Management any indication that a claim may be filed.
- ☐ Follow the direction of Risk Management to prepare a supplemental report for the SFN 50508 form originally filed
- ☐ Once the supplemental report is concluded, file that report with the Risk Management Division to be attached to the original SFN 50508.

**When a member of the public requests information on how to file a claim**

- ☐ Either give them a copy of SFN 50552 or tell the member of the public that a report of the incident will be filed with the Risk Management Division and a claim form will be mailed to them.
- ☐ Notify Risk Management that a claim form has been requested

**When someone requests any type of information concerning an incident for which a report has been filed or about a claim or potential claim**

- ☐ Tell the member of the public that a report of the incident has been filed with the Risk Management Division and they should contact Risk Management concerning their request.
- ☐ Notify the Risk Management Division that the information has been requested

**When documents instituting a lawsuit are served**

- ☐ Contact immediately and forward all documents to:
  - Risk Management Division
  - Attorney General's Office
  - The State employee's agency head

**To manage claims for property damage or personal injury to a third party**

- ☐ Preserve evidence
- ☐ Contact Risk Management Division
- ☐ Investigate as directed by Risk Management
- ☐ Do follow-up and file report with Risk Management Division

**To manage claims for property damage to State owned property**

- ☐ Report bond or crime loss claims immediately to:
  - State Bonding Fund or the insurance carrier
- ☐ Report property losses immediately to:
  - North Dakota Fire and Tornado Fund or other insurance carrier

## 3.1 Reporting Incidents and Accidents

Promptly reporting potential liability arising from someone having or claiming to have been injured or to have had damage to their property is critical. Doing so will protect the State's interests and contain costs. Late or inaccurate reporting could jeopardize the defense of a claim or lawsuit.

### When an Incident Occurs

#### Non-Vehicle Incidents or Accidents

Along with any accident resulting in injury or damage to the general public, **all incidents** involving the general public and state employees must be reported to the Risk Management Division, no matter how insignificant they seem.

Similarly, all incidents involving potential or actual employment practices issues such as harassment, violence, or discrimination complaints by state employees must be reported to the Risk Management Division.

These reports must be made on the Risk Management Fund Incident Report Form [SFN 50508](#) which can be accessed on-line on the [Risk Management Division web site](#). If not filed on-line, the reports may be submitted by hard copy by the agency's designated risk management contact person to the Risk Management Division. A copy of an incident report filed on-line (either by the agency's designated risk management or another employee of the agency) will be electronically provided to the contact person for the agency's records. A sample of [SFN 50508](#) is included in subsection [3.5](#) of this manual.

It is imperative that Risk Management Fund Incident Report Form [SFN 50508](#) is used to document incidents and accidents and that an incident form created by a State agency or facility not be used. N.D.C.C. § 32-12.2-11 was enacted by the North Dakota Legislature when it realized that preparing incident reports in an effort to assist in loss control practices could prejudice the State's interests if that information was accessible by an open records request. To address that concern, the Legislature directed that *Risk Management Fund records* are privileged and exempt from open records law. Therefore, to ensure the maximum protection provided by law, all incidents (non-employee and employee) must be documented by using the Risk Management Fund Incident Report Form [SFN 50508](#).

Once an incident report is received by Risk Management, if Risk Management determines there is a pending or reasonably predictable claim against the State that will be impacted by this incident, or if the reporting agency or facility has advised Risk Management that there is an indication that a claim will result from the incident, Risk Management may direct a Risk Management investigation in compliance with N.D.C.C. § 32-12.2-11. Reports of that investigation must be sent to Risk Management to be attached to the original incident report. It may be

determined by Risk Management that the agency or facility can conduct the investigation or Risk Management may direct that a third party become involved in the investigation. But it is important to remember that Risk Management must be involved in the determination to conduct the investigation in order for the results to be protected under N.D.C.C. § 32-12.2-11. Also note, *only* Risk Management has the authority to decide if these documents may be disclosed under an open records request while a matter is pending.

## Vehicle Accidents

In the event of an accident:

1. Call the Highway Patrol or local law enforcement. All accidents involving personal injury, death, or extensive property damage must be reported to the Risk Management Division (701) 328-7584. For other than normal working hours or if you are unable to reach Risk Management, after calling 9-1-1, if an accident involves *serious injury* (death, the potential for death, or potential for serious or permanent injury) employees may contact State Radio at 1-800-472-2121 to report “a Risk Management accident.” State Radio, after obtaining the information, will report the accident to Risk Management.
2. Complete a Risk Management Fund Motor Vehicle Accident Report ([SFN 51301](#)) in detail. An electronic version of this form, too, is available on the [Risk Management Division web site](#). All spaces and blocks on the accident reports must be filled out; if one does not pertain to the accident, write “N/A” for “not applicable.” Always read the instructions on the report form before completing it. If the accident involved a parked vehicle, indicate this by writing “parked” in the space asking for the driver’s identification. Filing SFN 51301 electronically offers the ability to add a vehicle diagram of the accident.

Every effort should be made to complete and forward these reports within 24 hours of the incident. The reports **must** include the department location code. A complete list of these codes is provided in subsection 3.6 of this manual.

## Timing

Incidents involving serious bodily injury, death, or serious property damage covered under the Risk Management Fund **must be reported immediately** by phone to State as well as to the Risk Management Division. All other events should be reported within 48 hours of their occurrence.

## Incident Reports as Loss Control Tools

The incident report forms are designed to document the State employee(s)' full version of how the incident happened. It is imperative that only State employees complete the Incident Report Form. The incident form will document all of the information concerning the incident while it is fresh in the employee's mind. Remember, a potential claimant has 180 days (approximately 6 months) to file a Notice of Claim form with the Risk Management Division. Therefore, the State employee may not be asked about the incident until six months after it occurred. With that potential lapse in time, the details, if not the entire incident, may be forgotten if the circumstances surrounding it haven't been properly documented. Prompt reporting and the preservation of evidence aides in the preparation and defense of a claim, as well as the early resolution of claims.

In addition to documenting information to address potential claims, the incident report is an important tool in disclosing unsafe practices or unsafe conditions that have the potential of creating liability. Risk Management sends quarterly reports of incidents that have not evolved into claims to the agency's Risk Management Contact. These reports help identify trends so that the agency or facility Loss Control Committee can proactively address the potential exposures. *Remember, filing an incident report with Risk Management does not impact your agency or facility contribution rate for liability coverage.* Loss history is a criterion for the contribution rate but that is based solely on claim data, not on information contained in or the number of incident reports filed.

Check the "Frequently Asked Questions" of the Risk Management web site for the most up-to-date discussion about incident reporting procedures.

## Claimant's Role

Claimants are *not* to complete the Incident Report Form [SFN 50508](#). Their report of the incident or accident is separate and apart from the State employee's report. The form a claimant may use is State Risk Management Fund Notice of Claim [SFN 50552](#) which is available on the [State web site in the Forms section](#) or on the [Risk Management web site](#). A potential claimant may also be instructed that a report of the incident will be filed with the Risk Management Division and a claim form will be mailed to them by Risk Management. If the potential claimant has any questions concerning the process, direct them to call Risk Management.

Risk Management *must be notified* if a claim form has been requested. This can be done by checking the appropriate box in the upper right hand corner of the [SFN 50508](#) form.

## 3.2 Reporting Claims

A person bringing a claim against the State or a State employee for an injury **must make the claim in writing** to the director of the Office of Management and Budget. The claim generally must be filed within 180 days of when the alleged injury was discovered or reasonably should have been discovered.

A member of the public requesting information on how to file a claim against the State should be told that a form he or she may use is the State Risk Management Fund Notice of Claim [SFN 50552](#) which is available on the [State web site in the Forms section](#) or on the [Risk Management web site](#). As an alternative, he or she can be told that a report of the incident will be filed with the Risk Management Fund and a Notice of Claim Form will be mailed to them by Risk Management. Risk Management *must be notified* that a claim form has been requested. A sample of [SFN 50552](#) is included in subsection 3.5 of this manual.

If a potential claimant, an attorney representing a potential claimant, a member of the news media, or anyone else has any questions concerning an incident, or claim, or a potential claim, direct them to call Risk Management.

## 3.3 Reporting Lawsuits and Claims Against Purchased Insurances

### Lawsuits

A state employee served with any legal documents asserting a claim against the employee related to his or her state employment should **immediately** contact the Risk Management Division, the Attorney General's Office, and his or her agency head, forwarding to each a copy of all documents received. Prompt action is necessary because attorneys have a limited time in which to prepare and file an answer on the employee's behalf.

If a state employee is a named defendant in a lawsuit claiming damages for actions covered by the Risk Management Fund, defense of the lawsuit will be provided by an attorney hired by the Fund. For further information on state employee defense under the Risk Management Fund, see Section 8 of this Manual.

### Insured Losses

#### Bond and Crime Losses

Claims arising from bond or crime losses should be reported as soon as they are discovered to the State Bonding Fund or the insurance carrier.

#### Property and Miscellaneous Property Floater Losses

Claims involving damage to State-owned property should be reported as soon as they are discovered to the North Dakota Fire and Tornado Fund or other insurance carrier.

## 3.4 Managing Claims

The claims process does not end when the claim has been reported. Managing the claim is a critical activity that may involve employees, agency heads, managers, and directors, as well as the agency risk management contact person, claims adjusters, attorneys, and others.

### Making Statements

Following an accident or incident that results in a claim, the involved State employee may be contacted by a number of people seeking information. The employee should give statements only to the Risk Management Division, law enforcement authorities, adjusters hired by the State, and attorneys for the State. If the employee is not sure whom to talk to, he or she should contact the Risk Management before making a statement or discussing the case with anyone.

When discussing the claim, the employee should give only the facts, not his or her opinion. Liability or fault should not be admitted. The employee must be careful about what is said and ask for a copy of his or her statement if it has been recorded or written.

Do *not* talk to:

- People assisting or working on behalf of the claimant. They do not have the State employee's interests at heart, the State employee may not know all the facts at the time, and speaking with them may cause misunderstandings.
- The media or the general public.

Such requests for information must be referred to the Risk Management Division.

Do *not* put anything in writing after the incident other than what is required for the Incident Report, investigation materials, and other items approved by the Risk Management Division. Written materials created before the incident (plans, specifications, and so on) should not be disclosed without the knowledge and consent of the Risk Management Division.

### Collecting Evidence

A State employee involved in or a witness to an accident may be in a position to help collect evidence that will be needed to manage any claim arising from the incident.

The kinds of information that should be collected include:

- The names and roles of the people at the scene.

- The equipment, vehicles, or other property involved in the incident, their placement, and their condition, inside and outside.
- Weather conditions and visibility.
- The state of the general environment, including road surface, placement of signs, and so on.

The employee may want to record some of this information in the form of a diagram or take photos or a video if he or she has access to the appropriate equipment.

Two important things to remember in collecting evidence are:

- Stick to the facts. Do not speculate about fault or cause.
- Think safety first. The State employee should not endanger him- or herself or others.

The Attorney General's Office and the Risk Management Division should be notified in writing of the type of information collected. The information should be held by the involved agency until directed otherwise by the Attorney General's Office.

## 3.5 Reporting Forms

**RISK MANAGEMENT FUND  
INCIDENT REPORT**

STATE OF NORTH DAKOTA

SFN 50508 (3-2005)

**May be EXEMPT RECORD**

(Contact Risk Management Division)

Department Location Code

Incident				
Claim Form Requested				
Destruction Hold Notice				

(Attach additional sheets if necessary)

1. Date of Incident	2. Day of Week	3. Time of Incident		
4. Address where incident occurred and description of location (building, street, city, highway, mile marker, etc.)				
5. Weather Conditions <input type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Snowing <input type="checkbox"/> Sleeting <input type="checkbox"/> Other _____				
6. Description of Incident (Be Specific) a. What happened?  b. How did it happen?				
7. Result - who or what was injured or damaged? (Check applicable box and complete)				
<input type="checkbox"/> Bodily Injury <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Injured		Age or Date of Birth
				Sex <input type="checkbox"/> M <input type="checkbox"/> F
<input type="checkbox"/> Visitor <input type="checkbox"/> Client <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Student		Was a Worker's Compensation Claim Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address		City	State	Zip Code
				Telephone Number
Describe Injury (List body parts, if applicable)			Request for Ergonomic Evaluation <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Injured		Age or Date of Birth		Sex <input type="checkbox"/> M <input type="checkbox"/> F
<input type="checkbox"/> Visitor <input type="checkbox"/> Client <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Student		Was a Worker's Compensation Claim Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address		City	State	Zip Code
				Telephone Number
Describe Injury				
<input type="checkbox"/> <b>Property Damage</b>		What was damaged?		
Who is the owner?		Owner's Address		Owner's Telephone Number
Where can damaged property be seen?			Was any State property damaged? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Were there any witnesses? <input type="checkbox"/> No <input type="checkbox"/> Yes - provide the following information				
Witness Name		Address		Telephone Number

Submit To:

Director, Risk Management Division  
ND Office of Management and Budget  
Century Center  
1600 East Century Ave Suite 4  
Bismarck ND 58503-0649  
Phone: 701-328-7584  
Fax: 701-328-7585

9. Describe policies and procedures in effect that relate to this incident.

Were policies and procedures followed? ☐ Yes ☐ No - Explain

10. List all causes of incident (equipment, procedure, environment, behavior)

11. Action Taken

a. Has corrective action been initiated? ☐ Yes ☐ No

If yes, what corrective action is being taken?

If no, when will corrective action be taken?

b. Work Order Submitted ☐ Yes ☐ No

c. What safety equipment/training could have prevented this injury?

12. Comments and/or Diagram

Report Prepared By (Name of State Employee)

Title

12. Signature

Telephone Number

Date

13. Signature of Agency Risk Management Contact

Telephone Number

Date

Date Submitted to Risk Management

Date Submitted to Loss Control

Date Reviewed by Loss Control

**RISK MANAGEMENT FUND  
MOTOR VEHICLE ACCIDENT REPORT**

STATE OF NORTH DAKOTA

SFN 51301 (6-2005)

DEPARTMENT LOCATION CODE

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- ☐ Claim Form Requested  
☐ Destruction Hold Notice

**DRIVER RESPONSIBILITY:** Complete this original report immediately after the accident and fax a copy to State Fleet Services at 701-328-2514. If you have any questions, please call State Fleet Services at 701-328-1472 or 701-328-1434.

<b>AGENCY</b>	Agency Name		District/Division	
	Address		Telephone Number	
<b>TIME</b>	Date of Accident	Day of Week	Hour	A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>
<b>LOCATION</b>	Highway Number	Posted Speed Limit	Location From Nearest City	
	City	Street	At Intersection With	
<b>TYPE</b>	<input type="checkbox"/> Backing <input type="checkbox"/> Snowplowing/Sanding <input type="checkbox"/> Right Angle <input type="checkbox"/> Rear End <input type="checkbox"/> Turned Over <input type="checkbox"/> Animal <input type="checkbox"/> Head On <input type="checkbox"/> You Hit <input type="checkbox"/> You Were Hit <input type="checkbox"/> Fixed Object <input type="checkbox"/> Sideswipe <input type="checkbox"/> Other(Describe) _____			

<b>STATE VEHICLE  No. 1</b>	<b>VEHICLE</b>	Year	Make	Model	Unit Number	
	Driver's Name			Driver's License Number	Citation Issued <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Work Telephone Number			Home Telephone Number		
	Home Address			City	State	Zip Code
	Driver Injured <input type="checkbox"/> No <input type="checkbox"/> Yes - Describe Injury					
	Estimated Speed		Direction Traveling		Worker's Compensation Claim Filed <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Damage (List Parts)				Estimate \$	
	Passengers		<input type="checkbox"/> None <input type="checkbox"/> Injured/Killed <input type="checkbox"/> Injured/Killed	Telephone Numbers Work Work		Telephone Numbers Home Home

<b>OTHER VEHICLE  No. 2</b>	<b>VEHICLE</b>	Year	Make	Model	License Plate	State
	Driver's Name			Driver's License Number	Citation Issued <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Work Telephone Number			Home Telephone Number		
	Home Address			City	State	Zip Code
	Direction Traveling		Driver Injured <input type="checkbox"/> No <input type="checkbox"/> Yes - Describe Injury			
	Damage (List Parts)				Estimate \$	
	Passengers		<input type="checkbox"/> None <input type="checkbox"/> Injured/Killed <input type="checkbox"/> Injured/Killed	Telephone Numbers Work Work		Telephone Numbers Home Home

OWNER'S	Insurance Company				Policy Number				
	Address				Telephone Number				
DRIVER'S	Insurance Company				Policy Number				
	Address				Telephone Number				
WITNESS	Name				Address		City	State	Zip Code
	Location To Accident				Telephone Number Work		Telephone Number Home		
DAMAGE TO OTHER PROPERTY	What				Estimate \$	Telephone Number Work		Telephone Number Home	
	Owner/Name				Address				
OTHERS INJURED/ KILLED	Name								
	Address		City	State	Zip Code	Telephone Number Work		Telephone Number Home	
	Nature and Extent of Injury								

CONDITIONS	WEATHER <input type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Snowing <input type="checkbox"/> Sleeting <input type="checkbox"/> Fog <input type="checkbox"/> Other _____								
	ROADWAY <input type="checkbox"/> Dry <input type="checkbox"/> Icy <input type="checkbox"/> Slippery <input type="checkbox"/> Under Repair <input type="checkbox"/> Other _____								
	Did Vehicle Have Any Defects? _____								
	Were Seat Belts in Use? <input type="checkbox"/> Yes <input type="checkbox"/> No								
	What Lights Were On? _____								

Explain How Accident Occurred
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Diagram: Mark State Vehicle 1 And Other Vehicle 2
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State Employee	Department	Telephone Number
State Employee Completing Report	Telephone Number	Date



**STATE RISK MANAGEMENT FUND NOTICE OF CLAIM**  
STATE OF NORTH DAKOTA  
SFN 50552 (Rev. 6-2003)

Full Name of Claimant					
Home Address			Work Address		
City	State	Zip Code	City	State	Zip Code
Home Telephone Number			Work Telephone Number		

**DATE, TIME, AND PLACE OF INCIDENT:**

Date:	Time:	Place:
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Names of state agency or agencies and state official(s) or employee(s) involved:

Description of the incident:

Description of the injury or loss:

Dollar amount of injury or loss claimed: **please attach any documentation (e.g., medical bills, repair bills, etc.)**

STATE OF NORTH DAKOTA       )  
  ) ss.  
COUNTY OF                               )

I hereby swear or affirm that the facts stated above concerning this claim against the State of North Dakota, its agencies, officials, or employees are true and correct.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_.

Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_.

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Notary Public

**Mail to:** Director  
Office of Management and Budget  
600 E Boulevard Ave Dept 110  
Bismarck ND 58505-0400  
Telephone: 701-328-4904  
FAX: 701-328-7585

**For Information Call:** Risk Management Division (701) 328-7584

N.D.C.C. Sec. 32-12.2-04 provides that a person bringing a claim against the state or a state employee for an injury shall present a written notice to the director of the Office of Management and Budget within **one hundred eighty (180) days** after the alleged injury is discovered or reasonably should have been discovered.

If your claim is for property damage, please enclose **at least two** estimates for damages with your completed claim form.



## DESTRUCTION HOLD NOTICE

STATE OF NORTH DAKOTA

SFN 52376 (Rev. 12-2001)

***Upon receipt of this notice, cease destruction of all records, including paper, microforms, and electronic information regarding the matter described below. DO NOT alter or destroy any of these records until further notification from management or legal counsel.***

Date	Department	Prepared By
Contact Person	Telephone Number	

Describe the incident, claim, or lawsuit.

Identify the main business functions affected.

List the type of records that may be involved.

## 3.6 Department Location Codes

The following list contains the location code for each State department. This code **must** be included on the Incident Report.

Agency Number	Agency Name
101	101-Office of the Governor
108	108-Secretary of State
1101	1101-OMB-Admin/Fiscal
1102	1102-Facility Management
1103	1103-Division of Community Services
1104	1104-Risk Management Division
1105	1105-Human Resource Management Services
112	112-Information Technology Division
117	117-State Auditor
118	118-Central Services
120	120-State Treasurer
125	125-Attorney General
127	127-State Tax Commissioner
140	140-Administrative Hearings
150	150-Legislative Assembly
160	160-Legislative Council
180	180-Supreme Court
183	183-Judicial Conduct Commission
185	185-District Courts
188	Commission on Legal Counsel for Indigents
190	190-Retirement & Investment
192	192-Public Employees Retirement
201	201-Dept of Public Instruction
215	215-University System Office
226	226-Land Department
227	227-Bismarck State College
228	228-Lake Region State College
229	229-Williston State College
230	230-University of North Dakota
232	232-UND-School of Medicine
235	235-ND State University
238	238-ND State College of Science
239	239-Dickinson State University
240	240-Mayville State University
241	241-Minot State University
242	242-Valley City State University
243	243-MiSU-Bottineau
244	244-ND Forest Service
250	250-ND State Library
252	252-School for the Deaf
253	253-School for the Blind
270	270-Dept of Career & Technical Education
301	301-Department of Health
313	313-Veterans Home
316	316-Indian Affairs Commission
321	321-Dept of Veterans Affairs
324	324-Children's Services
32570	32570-Dept of Human Services
32581	32581-Northwest Human Service Center

32582	32582-North Central Human Service Center
32583	32583-Lake Region Human Service Center
32584	32584-Northeast Human Service Center
32585	32585-Southeast Human Service Center
32586	32586-South Central Human Service Center
32587	32587-West Central Human Service Center
32588	32588-Badlands Human Service Center
32590	32590-State Hospital
32595	32595-Developmental Center
360	360-Protection & Advocacy
380	380-Job Service
401	401-Insurance Commissioner
405	405-Industrial Commission
406	406-Department of Labor
408	408-Public Service Commission
412	412-Aeronautics Commission
413	413-Banking & Financial Institutions
414	414-Securities Department
471	471-Bank Of North Dakota
473	473-Housing Finance Agency
475	475-ND Mill and Elevator
485	485-Workforce Safety & Insurance
504	504-Highway Patrol
506	506-State Radio Communications
512	512-Division of Emergency Management
530	530-Department of Corrections & Rehab
5301	5301-State Penitentiary
5303	5303-Youth Correctional Center
5304	5304-Parole and Probation
5305	5305-Juvenile Services
5306	5306-Rough Rider Industries
5307	5307-James River Correctional Facility
540	540-Adjutant General
601	601-Department of Commerce
602	602-Department of Agriculture
611	611-Soybean Council
616	616-State Seed Department
627	627-Upper Great Plains Transportation
630	630-NDSU Extension Service
638	638-Northern Crops Institute
640	640-NDSU Main Research Station
641	641-Dickinson Research Center
642	642-Central Grasslands Research Center
643	643-Hettinger Research Center
644	644-Langdon Research Center
645	645-North Central Research Center
646	646-Williston Research Center
647	647-Carrington Research Center
649	649-Agronomy Seed Farm
665	665-ND State Fair
701	701-State Historical Society

709	709-Council on the Arts
720	720-Game & Fish Department
740	740-Tourism
750	750-Parks & Recreation
750BL	750BL-Beaver Lake
750CR	750CR-Cross Ranch
750DL	750DL-Devils Lake
750FL	750FL-Fort Lincoln
750FR	750FR-Fort Ransom
750FS	750FS-Fort Stevenson
750GI	750GI-Graham's Island
750IC	750IC-Icelandic
750LC	750LC-Lewis & Clark
750LM	750LM-Lake Metigoshe
750LS	750LS-Lake Sakakawea
750MO	750MO-Little Missouri
750SG	750SG-Shelver's Grove
750TR	750TR-Turtle River
770	770-Water Commission
80160	80160-DOT-Central Office
80161	80161-DOT-Bismarck District
80162	80162-DOT-Valley City District
80163	80163-DOT-Devils Lake District
80164	80164-DOT-Minot District
80165	80165-DOT-Dickinson District
80166	80166-DOT-Grand Forks District
80167	80167-DOT-Williston District
80168	80168-DOT-Fargo District

### **3.7 Risk Management and Risk Management Workers Compensation Program Contacts**

The following is a list of the names and telephone numbers of the Risk Management and Risk Management Workers Compensation Program Contacts.

## RISK MANAGEMENT & WORKERS COMPENSATION CONTACTS

Agency No.	Agency Name	Address	Phone (701)	Agency Director	Risk Management Contact Person	Risk Management Contact Phone	Workers Comp Contact Person	Workers Comp Contact Phone
101	Governor, Office of the	600 E Blvd, 1st Flr Bismarck ND 58505-0001	328-2200	Governor John Hoeven	Bill Goetz	328-2200	Bill Goetz	328-2200
108	Secretary of State, Office of the	600 E Blvd, 1st Flr Bismarck ND 58505-0500	328-2900	Al Jaeger	Mary Feist	328-3380	Mary Feist	328-3380
110	Management and Budget, Office of	600 E Blvd, 4th Flr Bismarck ND 58505-0400	328-2680	Pam Sharp	Kirsten Gibson	328-2680	Kirsten Gibson	328-2680
1102	Facility Management	600 E Blvd, 4th Flr Bismarck ND 58505-0400	328-2471	John Boyle	Loren Haid	328-2474	Loren Haid	328-2474
1105	Human Resource Management Services	600 E Blvd, 14th Flr Bismarck ND 58505-0120	328-3290	Laurie Sterioti Hammeren	Bill Gumeringer	328-3345	Bill Gumeringer	328-3345
112	Information Technology Department	600 E Blvd Ground Flr, Judicial Wing Bismarck ND 58505-0100	328-1000	Mike Ressler	Judane Ohlhauser	328-2343	Judane Ohlhauser	328-2343
117	Auditor, Office of the State	600 E Blvd, 3rd Flr Bismarck ND 585005-0060	328-2241	Robert Peterson	Stacey Sibla	328-2241	Stacey Sibla	328-2241
118	Central Services	600 E Blvd Basement, Judicial Wing Bismarck ND 58505-0420	328-2772	Linda Belisle	Maxine Swenson	328-2772	Maxine Swenson	328-2772
120	Treasurer, Office of the State	600 E Blvd, 16th Flr Bismarck ND 58505-0600	328-2643	Kelly Schmidt	Lawrence Hopkins	328-4694	Lawrence Hopkins	328-4694
125	Attorney General, Office of the State	600 E Blvd, 1st Flr Bismarck ND 58505-0040	328-2210	Wayne Stenehjem	Glenna Ellison	328-1256	Glenna Ellison	328-1256
127	Tax Commissioner, Office of the State	600 E Blvd, 8th Flr Bismarck ND 58505-0599	328-2770	Rick Clayburgh	Glenda Anderson	328-3462	Nancy Sailer	328-3463
140	Administrative Hearings, Office of	1707 N 9th St Bismarck ND 58501-1882	328-3260	Allen C Hoberg	Frances Zuther	328-3268	Frances Zuther	328-3268
150	Legislative Assembly	600 E Blvd, 2nd Flr Bismarck ND 58505-0360	328-2916	John Olstrud	Karen Mund	328-2916	Karen Mund	328-2916
160	Legislative Council	600 E Blvd, 2nd Flr Bismarck ND 58505-0360	328-2916	John Olstrud	Karen Mund	328-2916	Karen Mund	328-2916
180	Supreme Court	600 E Blvd 1st Flr, Judicial Wing Bismarck ND 58505-0530	328-2221	Ted Gladden	LeeAnn Barnhardt	328-4251	LeeAnn Barnhardt	328-4251

## RISK MANAGEMENT & WORKERS COMPENSATION CONTACTS

Agency No.	Agency Name	Address	Phone (701)	Agency Director	Risk Management Contact Person	Risk Management Contact Phone	Workers Comp Contact Person	Workers Comp Contact Phone
183	Judicial Conduct Commission	PO Box 2297 Bismarck ND 58502-2297	328-3925	Ted Gladden	LeeAnn Barnhardt	328-4251	LeeAnn Barnhardt	328-4251
185	District Courts	600 E Blvd 1st Flr, Judicial Wing Bismarck ND 58505-0530	328-2221	Ted Gladden	LeeAnn Barnhardt	328-4251	LeeAnn Barnhardt	328-4251
188	Commission on Legal Counsel for Indig	2517 W Main Box 149 Valley City ND 58072	845-8631	Robin Huseby	Jean Delaney	845-8631	Jean Delaney	845-8631
190	Retirement and Investment Office	1930 Burnt Boat Drive PO Box 7100 Bismarck ND 58507-7100	328-9885	Steve Cochran	Curt Richter	328-9883	Curt Richter	328-9883
192	Public Employees Retirement System	400 E Broadway, Suite 505 Box 1657 Bismarck ND 58502-1214	328-3900	Sparb Collins	Deb Knudsen Bryan Reinhardt	328-3935 328-3919	Deb Knudsen Bryan Reinhardt	328-3935 328-3919
201	Public Instruction, Department of	600 E Blvd, 11th Floor Bismarck ND 58505-0440	328-2260	Wayne Sanstead	Bonnie Miller	328-2346	Linda Gibbins	328-2261
215	University System Office, ND	600 E Blvd, 16th Floor Bismarck ND 58505-0230	328-2960	Robert Potts	H. Patrick Seaworth	328-4169	H. Patrick Seaworth	328-4169
226	Land Department	918 E Divide, Suite 410 PO Box 5523 Bismarck ND 58502-5523	328-2800	Gary Preszler	Rick Larson	328-2800	Keith Bayley	328-2800
227	Bismarck State College	1500 Edwards Ave Bismarck ND 58501-1299	224-5400	Donna Thigpen	Bob Kuntz	224-5485	Bob Kuntz	224-5485
228	Lake Region State College	1801 N College Drive Devils Lake ND 58301-1598	662-1600	Sharon Etamad	Don Jorgenson	662-1521	Valerie Wood	662-1504
229	Williston State College	1410 University Ave Williston ND 58802-1326	774-4200	Joe McCann	Brenda Wigness	774-4240	Nicci Dokken	774-4204
230	University of North Dakota	Box 8193, University Station Grand Forks ND 58202-8193	777-2011	Charles Kupchella	Jason Uhler	777-3444	Jason Uhler	777-3444
232	UND - Medical Center	Box 8095, University Station Grand Forks ND 58202-2020	780-2439	H. David Wilson	Randy Eken	777-3078	Randy Eken	777-3078
235	ND State University	PO Box 5167 Fargo ND 58105-5167	237-8011	Joseph Chapman	Ray Boyer	231-6539	Marilyn Koehlmoos Ray Boyer	231-6740 231-6539
238	ND State College of Science	800 6th Street North Walpeton ND 58076-0002	671-2221	Sharon Hart	Ann McGray	671-2906	Ann McGray	671-2906

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Agency No.	Agency Name	Address	Phone (701)	Agency Director	Risk Management Contact Person	Risk Management Contact Phone	Workers Comp Contact Person	Workers Comp Contact Phone
239	Dickinson State University	291 Campus Drive Dickinson ND 58601-4896	227-2507	Lee Vickers	Alvin Binstock	483-2531	Alvin Binstock	483-2531
240	Mayville State University	330 3rd Street NE Mayville ND 58237-1299	786-2301	Pamela Balch	Dennis Schultz	788-4676	Karen Amundson	788-4756
241	Minot State University	500 University Ave W Minot ND 58707-0001	858-3000	H. Erik Shaar	Wes Matthews	858-3352	Wes Matthews	858-3352
242	Valley City State University	101 College St SW Valley City ND 58072-4098	845-7102	Ellen Chaffee	Ron Pommerer	845-7700	Ron Pommerer	845-7700
243	Minot State University - Bottineau	105 Simrall Blvd Bottineau ND 58318	228-5400	H. Erik Shaar	Jim Borkowski	228-5432	Anne Bergeron	228-5440
244	Forest Service, ND	307 1st St E Bottineau ND 58318-1100	228-5422	Larry Kotchman	Larry Kotchman	228-5490	Brenda Johnson	228-5422
250	Library, State	604 E Blvd Liberty Memorial Building Bismarck ND 58505-0800	328-4622	Doris Ott	Cynthia Larson	328-2492	Cynthia Larson	328-22492
252	School for the Deaf	1401 College Drive Devils Lake ND 58301-1596	662-9000	Rocklyn Cofer	Eric Lysne	662-9005	Eric Lysne	662-9005
253	School for the Blind	500 Stanford Road Grand Forks ND 58203-2799	795-2700	Carmen Suminski	Tami Purcell	795-2712	Tami Purcell	795-2712
270	Department of Career & Technical Educ	600 E Blvd, 16th Flr Bismarck ND 58505-0610	328-3180	Wayne Kutzer	Brenda Schuler	328-3181	Brenda Schuler	328-3181
301	Health, State Department of	600 E Blvd 2nd Flr, Judicial Wing Bismarck ND 58505-0200	328-2372	Terry Dwelle	Kerry Olson	328-3321	Kerry Olson	328-3321
313	Veterans Home	PO Box 673 Lisbon ND 58054-0673	683-4125	Neil Asper	Liz Martin	683-6506	Liz Martin	683-6506
316	Indian Affairs Commission	600 E Blvd 1st Flr, Judicial Wing Bismarck ND 58505-0300	328-2428	Cheryl Kulas	Cheryl Kulas	328-2432	Melanie Johnson-Luger	328-2428
321	Veterans Affairs, Department of	PO Box 9003 Fargo ND 58106-9003	239-7165	Ray Harkema	Cathy Halgunseth	239-7165	Cathy Halgunseth	239-7165

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Agency No.	Agency Name	Address	Phone (701)	Agency Director	Risk Management Contact Person	Risk Management Contact Phone	Workers Comp Contact Person	Workers Comp Contact Phone
325	Human Services, Department of	600 E Blvd 3rd Flr, Judicial Wing Bismarck ND 58505-0250	328-2310	Carol Olson	Krista Andrews	328-4034	Krista Andrews	328-4034
32581	Northwest Human Service Center	PO Box 1266 316 2nd Ave W Williston ND 58802-1266	774-4600	Marilyn Rudolph	Beverly Wicklander	774-4626	Beverly Wicklander	774-4626
32582	North Central Human Service Center	400 22nd Ave NW Minot ND 58701-1089	857-8500	David Synder	Jean Burke	857-8506	Lynn Cardinal	857-8504
32583	Lake Region Human Service Center	Highway 2 West Devils Lake ND 58301	662-2200	Duainne Bourcy	Sheila Leban	665-2228	Sheila Leben	665-2228
32584	Northeast Human Service Center	151 South 4th Street #401 Grand Forks ND 58201-4715	746-3000	Bob Sanderson	Bette Fontaine	795-3116	Bette Fontaine	795-3116
32585	Southeast Human Service Center	2624 9th Avenue SW Fargo ND 58103-2350	298-4500	Nancy Schulz	Phyllis Brandt	298-4401	Phyllis Brandt	298-4401
32586	South Central Human Service Center	PO Box 2055 520 3rd Street NW Jamestown ND 58402-2055	253-6300	Lynn Nelson	Lori Vesel	253-6313	Lori Vesel	253-6313
32587	West Central Human Service Center	Prairie Hills Plaza Ste 5 1237 W Divide Bismarck ND 58501	328-8888	Tim Sauter	Pam Crawford	328-8827	Tom Klein	328-8797
32588	Badlands Human Service Center	Pulver Hall Dickinson ND 58601	227-7500	L. Joe Fry	Karen Goynes	227-7539	Dana Rivinius	227-7545
32590	State Hospital, ND	2605 Circle Drive Jamestown ND 58401-6905	253-3650	Alex Schweitzer	Karen Linstad	352-4446	Karen Linstad	352-4446
32595	Developmental Center	West 6th Street Grafton ND 58237-1399	352-4200	Alex Schweitzer	Karen Linstad	352-4446	Karen Linstad	352-4446
360	Protection & Advocacy Project	400 E Broadway, Suite 616 Bismarck ND 58501	328-2972	Teresa Larsen	Corinne Hofmann	328-3942	Dotty Simes	328-2950
380	Job Service North Dakota	PO Box 5507 Bismarck ND 58502-5507	328-2868	Maren Daley	Sheila Vetter Mary Schwab	328-2840 328-2851	Mary Schwab	328-2851
401	Insurance Commissioner, Office of the North Office	600 E Blvd, 5th Flr Bismarck ND 58505-0320	328-4976	Jim Poolman	Rebecca Ternes	328-4985	Larry Maslowski	328-4976
401	Insurance Commissioner, Office of the South Office	1701 S 12th St Bismarck ND 58504	328-9605	Jim Poolman	Lee Lunde	328-9605	Jeff Bitz	328-9605

## RISK MANAGEMENT & WORKERS COMPENSATION CONTACTS

Agency No.	Agency Name	Address	Phone (701)	Agency Director	Risk Management Contact Person	Risk Management Contact Phone	Workers Comp Contact Person	Workers Comp Contact Phone
405	Industrial Commission	600 E Blvd, 10th Flr Bismarck ND 58505-0840	328-3722	Karlene Fine	Karen Gutenkunst	328-8011	Karen Gutenkunst	328-8011
405	Industrial Commission Oil and Gas Division	600 E Blvd, 10th Flr Bismarck ND 58505-0840	328-3722	Karlene Fine	David Hvinden	328-8022	David Hvinden	328-8022
406	Labor Commissioner, Office of the	600 E Blvd, 13th Flr Bismarck ND 58505-0340	328-2660	Lisa McEvers	Robin Bosch	328-3707	Robin Bosch	328-3707
408	Public Service Commission	600 E Blvd, 12th & 13th Flrs Bismarck ND 58505-0480	328-2400	Tony Clark	Lou Ogaard	328-4096	Illona Jeffcoat-Sacco	328-2400
412	Aeronautics Commission	PO Box 5020 Bismarck ND 58502-5020	328-9650	Gary Ness	Malinda Weninger	328-9650	Malinda Weninger	328-9650
413	Department of Financial Institutions	2000 Schafer Street, Suite G Bismarck ND 58503-1204	328-9933	Timothy Karsky	Joan Becker	328-9958	Joan Becker	328-9958
414	Securities Commissioner, Office of the	600 E Blvd, 5th Flr Bismarck ND 58505-0510	328-2910	Karen Tyler	Diane Lillis	328-4712	Diane Lillis	328-4712
471	Bank of North Dakota	700 E Main Ave PO Box 5509 Bismarck ND 58502-5509	328-5600	Eric Hardmeyer	Sue Seminary	328-5620	Gayle Ciavarella	328-5748
473	Housing Finance Agency	PO Box 1535 Bismarck ND 58502-1535	328-8080	Pat Fricke	Delores Hummel	328-8055	Delores Hummel	328-8055
475	Mill & Elevator Association	PO Box 13078 Grand Forks ND 58208-3078	795-7000	Vance Taylor	Ed Barchenger	795-7278	Judy Hefner	795-7231
485	Workforce Safety & Insurance	1600 East Century, Suite 1 Bismarck ND 58506	328-3800	Charles Blunt	Billi Peltz	328-3766	Billi Peltz	328-3766
504	Highway Patrol	600 E Blvd Ground Flr, Judicial Wing Bismarck ND 58505-0240	328-2455	Bryan Klipfel	Major Neil Johnson	328-2455	Major Neil Johnson	328-2455
506	Radio Communications, State	Fraine Barracks PO Box 5511 Bismarck ND 58502-5511	328-8154	Doug Friesz	Ross Mushik	328-8107	Ross Mushik	328-8107
512	Emergency Services, Department of	Fraine Barracks PO Box 5511 Bismarck ND 58506-5511	328-8100	Greg Wilz (Homeland Security) Russell Timmreck (State Radio)	Ross Mushik	328-8103	Ross Mushik	328-8103

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Agency No.	Agency Name	Address	Phone (701)	Agency Director	Risk Management Contact Person	Risk Management Contact Phone	Workers Comp Contact Person	Workers Comp Contact Phone
530-1	State Penitentiary	PO Box 5521 Bismarck ND 58502-5521	328-6100	Tim Schuetzle	Frank Connell	328-6210	Renell Block	328-6105
530-2	Corrections & Rehab., Dept. of	3303 E Main, PO Box 1898 Bismarck ND 58502-1898	328-6390	Leann Bertsch	Frank Connell	328-6210	Renell Block	328-6105
530-3	Youth Correctional Center	701 16th Ave SW Mandan ND 58554	667-1400	Darrell Nitschke	Tim Tausend	667-1400	Tim Tausend	667-1400
530-4	Field Services Division	3303 E Main, PO Box 5521	328-6190	Warren Emmer	Tracy Stein	328-6196	Tracy Stein	328-6196
530-5	Division of Juvenile Services	3303 E Main, PO Box 1898 Bismarck ND 58502-1898	328-6390	Al Lick	Susan Wagner	328-6390	Susan Wagner	328-6390
530-6	Rough Rider Industries	3303 E Main, PO Box 5521 Bismarck ND 58506-5521	328-6161	Dennis Fracassi	Linda Trolliey	328-6161	Linda Trolliey	328-6161
530-7	James River Correctional Center	2521 Circle Dr Jamestown ND 58401	253-3660	Don Redmann	Don Redmann	253-3664	Vickie Steckler	253-3664
540	Adjutant General	Fraine Barracks PO Box 5511 Bismarck ND 58502-5511	333-2000	Major General Michael Haugen	Lisa Ouradnik	333-2084	Cindy Pazdernik	333-2082
601	Commerce, Department of	1600 E Century Ave, Suite 2 Bismarck, ND 58503	328-5300	Shane Goettle	James Boyd	328-2676	James Boyd	328-2676
601	Community Services, Division of	1600 E Century Ave, Suite 2 Bismarck, ND 58503	328-2094	Paul Govig	James Boyd	328-2676	James Boyd	328-2676
601	Economic Development & Finance	1600 E Century Ave, Suite 2 Bismarck, ND 58503	328-5300	Linda Butts	James Boyd	328-2676	James Boyd	328-2676
601	Tourism, Department of	1600 E Century Ave, Suite 2 Bismarck, ND 58503	328-2525	Sara Otte Coleman	James Boyd	328-2676	James Boyd	328-2676
601	Workforce Development Division	1600 E Century Ave, Suite 2 Bismarck, ND 58503	328-5300	James Hirsch	James Boyd	328-2676	James Boyd	328-2676
602	Agriculture, Department of	600 E Blvd, 6th Flr Bismarck ND 58505-0200	328-2231	Roger Johnson	Jet Collins	328-2067	Jet Collins	328-2067
616	Seed Department, State	Box 5257, University Station Fargo ND 58105-5257	239-7210	Ken Bertsch	Kris Nicklay	239-7210	Kris Nicklay	239-7210
627	Upper Great Plains Transp. Institute	Room 430 IACC PO Box 5074 Fargo ND 58105	231-7767	Gene Griffin	Kathy McCarthy	231-7767	Kathy McCarthy	231-7767
630	NDSU Extension Service	Box 5437 Fargo ND 58105-5257	231-8520	Duane Hauck	Ray Boyer	231-6539	Ray Boyer	231-6539
							Marilyn Koehlmoos	231-6740

## RISK MANAGEMENT & WORKERS COMPENSATION CONTACTS

Agency No.	Agency Name	Address	Phone (701)	Agency Director	Risk Management Contact Person	Risk Management Contact Phone	Workers Comp Contact Person	Workers Comp Contact Phone
638	Northern Crops Institute	Bolley Dr - NDSU Fargo ND 58105-5183	237-7736	Patricia Berglund	Patricia Berglund	237-7736	Patricia Berglund	237-7736
640	NDSU Main Research Station	Box 5435, University Station Fargo ND 58105-5257	231-7655	Ken Grafton	Ken Grafton	231-6693	Marilyn Koehlmoos	231-6740
641	Dickinson Research Center	1089 State Ave Dickinson ND 58601	483-2348	Kris Ringwall	Kris Ringwall	483-2427	Marilyn Koehlmoos	231-6693
642	Central Grasslands Research Center	4824 48th Ave SE Streeter ND 58483-9730	424-3606	Paul Nyren	Paul Nyren	424-3606	Marilyn Koehlmoos	231-6740
643	Hettinger Research Center	PO Box 1377 Hettinger ND 58639-1377	567-4323	Tim Faller	Tim Faller	567-4323	Tim Faller	567-4323
644	Langdon Research Center	Box 310, Hwy 5 E Langdon ND 58249	256-2582	Randy Mehlhoff	Randy Mehlhoff	256-2582	Marilyn Koehlmoos	231-6740
645	North Central Research Center	5400 Hwy 83 S Minot ND 58701-7645	857-7676	Jay Fisher	Jay Fisher	857-7679	Jay Fisher	857-7679
646	Williston Research Center	14120 Hwy 2 Williston ND 58801-8629	774-4315	Jerry Bergman	Jerald Bergman	774-4315	Marilyn Koehlmoos	231-6740
647	Carrington Research Center	PO Box 219 Carrington ND 58421-0219	652-2951	Blaine Schatz	Blaine Schatz	652-2951	Blaine Schatz	652-2951
649	Agronomy Seed Farm	15449 37th Street SE Casselton ND 58012-9748	347-4743	Tom Teigen	Tom Teigen	347-4743	Tom Teigen	327-4743
665	Fair, ND State	PO Box 1796 Minot ND 58702-1796	857-7620	Gerald Iverson	Renae Korslien	857-7620	Shelly Parish	857-7620
701	Historical Society, State	612 E Blvd Bismarck ND 58505-0830	328-2666	Merl Paaverud	Ron Warner	328-2666	Ron Warner	328-2666
709	Arts, Council on the	1600 E Century Ave, Suite 6 Bismarck ND 58503-0649	328-7590	Jan Webb	Jan Webb	328-7592	Jan Webb	328-7592
720	Game and Fish Department	100 N Bismarck Expressway Bismarck ND 58501-5095	328-6300	Terry Steinwand	Paul Schadowald	328-6328	Paul Schadowald	328-6328
750	Parks & Recreation, Dept. of	1600 E Century Ave Suite #3 Bismarck ND 58503-0649	328-5357	Doug Prchal	Dorothy Streyle	328-5360	Carol Jorgenson	328-5359
770	Water Commission, State	900 E Blvd, State Office Bldg Bismarck ND 58505-0850	328-2750	Dale Frink	LeNor Dollinger	328-2789	LeNor Dollinger	328-2789
80160	Transportation, Dept. of	608 E Blvd Bismarck ND 58505-0700	328-2500	David Sprynczynatyk	Jerry Horner	328-4443	Steven Chase	328-4467

## RISK MANAGEMENT & WORKERS COMPENSATION CONTACTS

Agency No.	Agency Name	Address	Phone (701)	Agency Director	Risk Management Contact Person	Risk Management Contact Phone	Workers Comp Contact Person	Workers Comp Contact Phone
80161	Transportation, Dept. of - Bismarck	218 Airport Road Bismarck ND 58505	328-6950	Kevin Levi, District Engineer	Kevin Levi	328-6955	Kevin Levi Steven Chase	328-6955 328-4467
80163	Transportation, Dept. of - Devils Lake	PO Box 817, 306 S 6th St Devils Lake ND 58301-0817	665-5100	Brad Darr, District Engineer	Jerry Miller	665-5104	Vangie Olson Steven Chase	665-5102 328-4467
80165	Transportation, Dept. of - Dickinson	1700 3rd Ave W Ste 101 Dickinson ND 58601-3009	227-6500	Larry Gangl, District Engineer	Larry Gangl	227-6510	Larry Gangl Steven Chase	227-6510 328-4467
80168	Transportation, Dept. of - Fargo	503 S 38th Street Fargo ND 58103-1198	239-8900	Bob Walton, District Engineer	Bob Walton	239-8900	Bob Walton Steven Chase	239-8900 328-4467
80166	Transportation, Dept. of - Grand Forks	Box 13077, 1951 N Washington Grand Forks ND 58208-3077	787-6500	Nick Ludowese, District Engineer	Richard Parton	787-6507	Jeanne Hanson Steven Chase	787-6503 328-4467
80164	Transportation, Dept. of - Minot	1305 Highway 2 Bypass E Minot ND 58701	837-7625	Paul Regan, District Engineer	Jim Redding	837-7625	Paul Regan Steven Chase	837-7625 328-4467
80162	Transportation, Dept. of - Valley City	1524 8th Ave SW Valley City ND 58072-4200	845-8800	John Thompson, District Engineer	Ron Blaufuss	845-8810	Ron Blaufuss Steven Chase	845-8810 328-4467
80167	Transportation, Dept. of - Williston	Box 698, 605 W Dakota Parkway Williston ND 58802-0337	774-2700	Walt Peterson	Gary Skarphol	774-2712	Gary Skarphol Steven Chase	774-2712 328-4467